

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATION TRANSMITTAL

Box Patent Application
Assistant Commissioner for Patents
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Michael C. Thuma and Paul D. Mann

Title: POCKET FLASHLIGHT APPARATUS

1. Type of Application

This new application is for a:

- ☒ utility patent.
- ☐ design patent.

This application is a:

- ☐ continuation
- ☐ divisional
- ☐ continuation-in-part (CIP)

of prior application Serial No. *** filed ***.

2. Application Papers Enclosed

- 1 Title Page
- 6 Pages of Specification (excluding Claims, Abstract & Drawings)
- 14 Claims
- 1 Page(s) of Abstract
- 2 Sheet(s) of Drawings (Figs. 1 to 7)
 - ☐ Formal
 - ☒ Informal

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this Patent Application Transmittal and the documents referred to as enclosed therewith are being deposited with the United States Postal Service on February 6, 2004, in an envelope addressed to the Assistant Commissioner for Patents, U.S. Patent & Trademark Office, P.O. Box 2327, Arlington, Virginia 22202, utilizing the "Express Mail Post Office to Addressee" service of the United States Postal Service under Mailing Label No. E.V 239352471 US.


Vasilios D. Dossas

3. Declaration or Oath

☐ Enclosed

Executed by (check all applicable boxes)

☐ Inventor(s) (copy from prior application)

☐ Legal representative of inventor(s)

(37 CFR 1.42 or 1.43)

☐ Joint inventor or person showing a proprietary interest on behalf of inventor who refused to sign or cannot be reached

☐ The petition required by 37 CFR 1.47 and the statement required by 37 CFR 1.47 are enclosed. See Item 5D below for fee.

■ Not enclosed - the undersigned attorney or agent is authorized to file this application on behalf of the applicant(s). An executed declaration will follow.

■ Unsigned Declaration enclosed

4. Additional Papers Enclosed

☐ Preliminary Amendment

☐ Information Disclosure Statement, including copies of cited references

☐ Declaration of Biological Deposit

☐ Computer readable copy of sequence listing containing nucleotide and/or amino acid sequence

☐ Verified statement(s) claiming small entity status under 37 CFR 1.9 and 1.27

☐ Associate Power of Attorney

☐ Verified translation of a non-English patent application

☐ An assignment of the invention (copy of recorded assignment from prior application)

☐ Certified copy(ies) of application(s):

COUNTRY	APPLICATION NO.	FILED

from which priority under 35 USC 119 is claimed

☐ is(are) attached.

☐ will follow.

☐ Other

PATENT APPLICATION
ATTORNEY DOCKET NO. 3555

5. Filing Fee Calculation (37 CFR 1.16)

A. ☒ Utility Application

CLAIMS AS FILED - INCLUDING PRELIMINARY AMENDMENT (IF ANY)						
			SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
BASIC FEE				\$385.00		
TOTAL	14 - 20	= 0	X 9 =	\$	X 18 =	\$0.00
INDEP.	2- 3	0	X 42 =	\$	X 84 =	\$ 0.00
First Presentation of Multiple Dependent Claim			+135 =	\$	+ 270 =	\$.00
Filing Fee:				\$385.00	OR	

B. ☐ Design Application (\$160.00/\$320.00) Filing Fee: \$ _____

C. ☐ Plant Application (\$265.00/\$530.00) Filing Fee: \$ _____

D. Other Fees

- ☐ Recording Assignment [Fee -- \$40.00 per assignment] \$ _____
- ☐ Petition fee for filing by other than all the inventors or person on behalf of the inventor where inventor refused to sign or cannot be reached [Fee -- \$130.00] \$ _____
- ☐ Other \$ _____

Total Fees Enclosed \$ 385.00

6. Method of Payment of Fees

- ☐ Enclosed check in the amount of: \$ _____
- ☒ Charge Deposit Account No. 14-1131 in the amount of \$ 385.00
A copy of this Transmittal is enclosed
- ☐ Not enclosed

7. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 37 CFR 1.17 or under other applicable rules (except payment of issue fees), to Deposit Account No. 14-1131. A copy of this Transmittal is enclosed.

Please refund any overpayment to Deposit Account No. 14-1131.

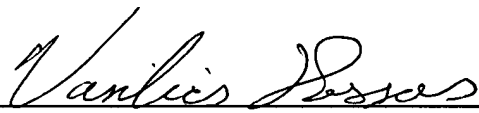
Please direct all future communications to Vasilios D. Dossas at the address below.

Niro, Scavone, Haller & Niro
181 West Madison Street, Suite 4600
Chicago, Illinois 60602

Please direct all telephone calls to Vasilios D. Dossas at (312) 236-0733. Please direct all facsimile transmissions to Vasilios D. Dossas at (312) 236-1605. Please direct all e-mail transmissions to dossas@nshn.com.

Respectfully submitted,

By:



Vasilios D. Dossas
Registration No. 30,745

Date: February 6, 2004